## 

Fill in this information to identify	your case:								
Debtor 1 William R. Harris,	Jr.								
First Name	Middle Name	Last Name							
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name							
United States Bankruptcy Court for the: I	Eastern District of Pennsylv	vania 🔻							
Case number 19-12903-amc				Check if this is:					
(If known)				An amended filing					
					e as of the following date:				
Official Form 106I					MM / DD / YYYY				
Schedule I: Your Income					12/15				
supplying correct information. If yo	ou are married and not fil se is not filing with you, top of any additional pa	ing jointly, and yo do not include info	ur spouse ormation a	is living with yabout your spou	or 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.				
Fill in your employment		Dalitand			Dalatan O and and Cilian and and				
information.		Debtor 1			Debtor 2 or non-filing spouse				
If you have more than one job, attach a separate page with information about additional employers.	Employment status		ed		☐ Employed ☐ Not employed				
Include part-time, seasonal, or self-employed work.	Occupation	Housing Insp	ector						
Occupation may include student or homemaker, if it applies.	Occupation								
	Employer's name	Philadelphia I	Housing	Developmer					
	Employer's address	1234 Market	Street						
		Number Street 17th Floor			Number Street				
		1711111001							
		Philadelphia	PA	19102					
		City		IP Code	City State ZIP Code				
		<u>5yrs</u>							
Part 2: Give Details About	Monthly Income								
		m. If you have nothi	ng to repoi	t for any line, wr	ite \$0 in the space. Include your non-filing				
spouse unless you are separated  If you or your non-filing spouse had below. If you need more space, a	ave more than one employe		rmation for	r all employers fo	or that person on the lines				
below. If you need more space, a	macir a separate sheet to the	113 101111.		For Debtor 1	For Debtor 2 or				
				TOI DEDIOI I	non-filing spouse				
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$\\$3,943.52\$									
3. Estimate and list monthly overtime pay.			3. <b>+</b> \$_	0.00	+ \$				
4. Calculate gross income. Add line 2 + line 3.			4. \$_		\$				

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Debtor 1

William R. Harris, Jr.

First Name Middle Name Last Name

Case number (if known) 19-12903-amc

			For	Debtor 1	For Del	otor 2 or		
						ng spouse		
C	ppy line 4 here	<b>→</b> 4.	\$_	3,943.52	\$	0.00		
5. <b>Lis</b>	st all payroll deductions:							
5	a. Tax, Medicare, and Social Security deductions	5a.	\$	910.14	\$	0.00		
	b. Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00		
5	c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00		
	d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00		
	e. Insurance	5e.	\$	340.00	\$	0.00		
5	f. Domestic support obligations	5f.	\$	0.00	\$	0.00		
	•		\$_	49.91	\$	0.00		
	g. Union dues h. Other deductions. Specify:	5g. 5h.	+\$	0.00	+ \$	0.00		
			т ֆ		т ֆ			
6. <b>A</b>	add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$	1,300.05	\$	0.00		
7. <b>C</b>	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,643.47	\$	0.00		
8. <b>L</b> i	st all other income regularly received:							
8	<ul> <li>Net income from rental property and from operating a business, profession, or farm</li> </ul>							
	Attach a statement for each property and business showing gross							
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00		
8	Bb. Interest and dividends	8b.	\$	0.00	\$	0.00		
8	c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00		
8	d. Unemployment compensation	8d.	\$_	0.00	\$	0.00		
8	Be. Social Security	8e.	\$	2,085.00	\$	0.00		
8	of. Other government assistance that you regularly receive							
	Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		•	0.00	•			
	Specify:	8f.	\$	0.00	\$			
8	g. Pension or retirement income	8g.	\$	1,156.00	\$			
8	8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$			
9. <b>A</b>	add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	3,241.00	\$	0.00		
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	5,884.47	+ \$	0.00	\$5,884.47	
	tate all other regular contributions to the expenses that you list in Scheculate contributions from an unmarried partner, members of your household,			ents, vour roo	mmates, and	d other		
	ends or relatives.	,		,,,	,			
D	o not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay exper	nses listed in	Schedule J.	2.22	
S	pecify:					11. <del>1</del>	\$0.00	
	dd the amount in the last column of line 10 to the amount in line 11. The					e.	s 5,884.47	
W	rite that amount on the Summary of Your Assets and Liabilities and Certain S	Statist	ical Inf	ormation, if it a	applies	12.	Combined	
monthly income 13. Do you expect an increase or decrease within the year after you file this form?								
	☑ No. ☑ Yes. Explain:							
,	- 100. Expiairi.							